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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Application Number	10/020,451  December 14, 2001  1695  Taylor, Charles S.  3736  Robert Nasser  GUID-003CON3		
		Filing Date	December 14, 2001		
		Confirmation Number	1695 MAP CA		
		First Named Inventor	Taylor, Charles S.		
		Group Art Unit	3736 Gr 2003		
		Examiner Name	Robert Nasser		
Total Number of Pages in This Submission	3	Attorney Docket Number	GUID-003CON3		
	<b>ENCLOSUR</b>	ES (check all that apply)			
Fee Transmittal Form Fee Attached  Amendment / Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application	Contact   Cont	ing-related Papers  n to Convert to a ional Application ation, Power of Attorney e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter  Other Enclosure(s) (please identify below): Postcard		
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNAT	URE OF APPL	ICANT, ATTORNEY, OF	( AGENT		
Firm or Individual Name  ALAN W. CANNON, Reg. No. 34,977					
Signature (MCC)					
Date March 6, 2003					
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail					
in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: March 6, 2003.  Typed or printed name  Alan W. Cannon					
Signature Date March 6, 2003					

## POWER OF ATTORNEY BY ASSIGNEE

Attorney Docket	GUID-003 N3	
First Named Inventor	Taylor, Charles S.	
Application Number	10/020,451	
Confirmation Number	1695	
Filing Date	December 14, 2001	
Examiner Name	Robert Nasser	•

Title: Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

<u>Cardiothoracic Systems, Inc.</u>, assignee of the above-identified application by assignment dated December 14, 2001, hereby revoke all previous powers and appoint:

Name	Registration No.	Name	Registration No.
Alan W. Cannon	34,977		760
Ronald D. Devore	39,958		TECH MAP OF ELL
			1000 20 CO
			CENTA
			TEP POTON
			90

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

## DIRECT ALL CORRESPONDENCE TO:

Individual Name	Alan W. Cannon, Reg. No. 34,977		
Firm Name	LAW OFFICE OF ALAN W. CANNON		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

## **SIGNATURE of Assignee of Record**

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on **December 14, 2001 at Reel 012388, Frame 0669.** 

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	Ronald D. Devore; Cardiothoracic Systems, Inc.		
Title	Assistant Secretary		
Signature	Tronsed of Derore	Date	March 4, 2003

F:\DOCUMENT\GUID\003CON3\power of attorney-AWC.wpd

## RESOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Attorney Docket	GUID-003CON3
First Named Inventor	Taylor, Charles S.
Application Number	10/020,451
Confirmation Number	1695
Filing Date	December 14, 2001
Art Unit	3736
Examiner Name	Robert Nasser
Title	Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

X A Power of Attorney or Authorization of Agent is submitted herewith.

AND

X Please change the correspondence address for the above-identified application to:

Individual Name	Alan W. Cannon		
Firm Name	Law Office of Alan W. Cannon		
Address	834 South Wolfe Road	_	
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

I am the:

\_\_\_ Applicant; or

X Assignee of record of the entire interest (Certificate under 37 CFR 3.73(b) is enclosed.)

SIGNATURE of Applicant or Assignee of Record

Name Ronald D Devore

Signature Date March 4, 2003

F:\DOCUMENT\GUID\003CON3\revocation of power of attorney-AWC.wpd